



THE SENATE

STANDING COMMITTEE ON COMMUNITY AFFAIRS
References Committee

Inquiry into Excess Mortality

Questions on Notice to the Stroke Foundation

Provided by Senator Ralph Babet

Answers due COB 28 June 2024

QUESTION 1

You called in your submission for more research into "long Covid" to understand it better?

The Royal Australian College of General Practitioners were supposed to attend today, but pulled out at the last minute. Their own journal, the Journal of General Practice published an article in April of this year titled "Long COVID: Sufferers can take heart". The article referred to a concern that COVID-19 vaccination might contribute to long COVID, giving rise to the term 'Long Vax'.

The article stated the following:

"COVID-19 vaccines utilise a modified, stabilised prefusion spike protein that might share similar toxic effects with its viral counterpart".

"A possible association between COVID-19 vaccination and the incidence of POTS has been demonstrated"..."

"Recipients of two or more injections of the mRNA vaccines display a class switch to IgG4 antibodies. Abnormally high levels of IgG4 might cause autoimmune diseases, promote cancer growth, autoimmune myocarditis and other IgG 4-related diseases in susceptible individuals."

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“Understanding the persistence of viral mRNA and viral protein and their cellular pathological effects after vaccination with and without infection is clearly required.”

“Because COVID-19 vaccines were approved without long-term safety data and might cause immune dysfunction, it is perhaps premature to assume that past SARS-CoV-2 infection is the sole common factor in long COVID.”

END QUOTE

This is alarming information. In your opinion, is there any chance that some of our lingering excess mortality and potentially some strokes in Australia could in fact be associated with the effects of mRNA vaccination?

Dr Lisa Murphy, CEO of Stroke Foundation response:

Stroke Foundation does not have the clinical authority to provide advice or set standards with regard to immunisation in Australia, as we do for stroke treatment and care through the Living Clinical Guidelines for Stroke Management. With regard to the safety and efficacy of vaccinations, we defer to the advice of the relevant health authorities, in this case the Australian Government’s Department of Health and Aged Care and the Therapeutic Goods Administration (TGA).

The mRNA vaccines in use in Australia have met the Therapeutic Goods Administration’s high safety, efficacy and quality standards, and the TGA is actively monitoring the safety of these vaccines so that they are able to rapidly detect, investigate and respond to any emerging safety issues.

In the advice Stroke Foundation provides to the stroke community via our website (www.strokefoundation.org.au) and other owned communication channels regarding vaccination for COVID-19, which is guided by our internal Clinical Council (an expert advisory committee made up of clinicians), we include information on the risk of side effects following vaccination. We state that people should refer to the Australian Government’s current advice on the COVID-19 vaccine program and speak with their GP or neurologist if they have any concerns about side effects from the COVID-19 vaccination.

Question 2

One of the facts that has most shocked me is the excess death rates (as reported by the Actuaries Institute) in young Women aged 0-44. In 2022 and 2023, they have been dying at an excess rate of 8-10%, whereas Men in the same age group have not been dying in excess numbers. Have you seen anything in your space related to strokes in young Women?

Dr Lisa Murphy, CEO of Stroke Foundation response:

As outlined in our submission to the Inquiry, data from the Australian Bureau of Statistics (ABS) has shown that there was no excess mortality due to cerebrovascular diseases, including stroke, during the COVID-19 pandemic.¹

The excess death rates observed during 2022 in women aged 0-44 years, as reported by the Actuaries Institute, have not been mirrored in stroke death rates during this period.

Specifically, according to data from the Australian Institute of Health and Welfare (AIHW), the stroke death rate during 2022 was the same for males and females aged 0-44 years.²

Between 45 and 84 years, males had a higher stroke death rate than females; however, for those 85 years and older, females had a higher stroke death rate than males.² The stroke death rate data for 2022 reflects the same pattern as that observed prior to the COVID-19 pandemic.

Stroke death rate data for 2023 is not yet available.

References

1. Australian Bureau of Statistics. 2022. Provisional Mortality Statistics. ABS.
<https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-dec-2022>
2. Australian Institute of Health and Welfare. Heart, stroke and vascular disease: Australian facts. Canberra: AIHW, 2024. Available at: <https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts/contents/about>